

## Women/Maternal Health

### State Action Plan Table (Florida) - Women/Maternal Health - Entry 1

#### Priority Need

Improve access to health care for women, specifically women who face significant barriers to better health, to improve preconception health.

#### NPM

NPM 1 - Percent of women with a past year preventive medical visit

#### Objectives

1. Increase access to interconception care for women with prior adverse pregnancy outcomes.
2. Promote practices and increase awareness of preconception health.
3. Increase awareness of the Department's healthy weight initiative.
4. Improve access to healthcare for women of childbearing age before, during, and/or after a pregnancy.
5. Women of childbearing age receive an annual physical and gynecology exam yearly.
6. Department of Health and Local Health Departments provide community outreach and education.
7. Determine what educational material, models, and curriculums are currently being used by the Healthy Start Program to educate participants on Interconception Education and Counseling.
8. Implement uniform postpartum discharge procedures and ensure access to comprehensive post-delivery follow up care and offer post-delivery services to all women.
9. Increase the number of eligible women age 14-55 who receive the family planning waiver.

## Strategies

1. Provide interconception care and counseling up to 18 months to Healthy Start women.
2. Promote participation in learning collaboratives at the local, state and national level.
3. Engage in a public awareness campaign to promote healthy weight prior to pregnancy.
- 4a. Ensure access to prenatal, family planning and other health services.
- 4b. Encourage women to obtain preventative care.
- 4c. Provide translation services for women who speak a language other than English.
- 5a. Ensure all Healthy Start and local health department clients have a Reproductive Life Plan in their chart.
- 5b. Encourage all clients capable of reproduction receive and complete a Preconception and Counseling Checklist.
6. Participate in health fairs and community events, collaboration with local universities.
- 7a. Survey Healthy Start coalitions to determine current practices and curriculums used to provide interconception education and counseling to clients.
- 7b. Update Healthy Start Standards and Guidelines to reflect current process for Interconception Education and Counseling.
- 8a. Work with various providers to ensure women and families receive timely and appropriate follow up.
- 8b. Implement an effective postpartum discharge process so women are connected to appropriate follow up.
- 8c. Work with health care providers and partners to improve the number of women who return for their postpartum visit.
- 9a. Encourage eligible clients to apply for the Family Planning (FP) Waiver.
- 9b. Ensure clients complete the FP Waiver applications.
- 9c. Ensure staff awareness of how the FP application can be completed.
- 9d. Educate women on covered family planning services.
- 9e. Refer clients to the Family Health Line, if applicable.
- 9f. Ensure clients receiving the FP Waiver reapply for coverage during their last two months of eligibility.

## NOMs

- NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations
- NOM 3 - Maternal mortality rate per 100,000 live births
- NOM 4.1 - Percent of low birth weight deliveries (<2,500 grams)
- NOM 4.2 - Percent of very low birth weight deliveries (<1,500 grams)
- NOM 4.3 - Percent of moderately low birth weight deliveries (1,500-2,499 grams)
- NOM 5.1 - Percent of preterm births (<37 weeks)
- NOM 5.2 - Percent of early preterm births (<34 weeks)
- NOM 5.3 - Percent of late preterm births (34-36 weeks)
- NOM 6 - Percent of early term births (37, 38 weeks)
- NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths
- NOM 9.1 - Infant mortality rate per 1,000 live births
- NOM 9.2 - Neonatal mortality rate per 1,000 live births
- NOM 9.3 - Post neonatal mortality rate per 1,000 live births
- NOM 9.4 - Preterm-related mortality rate per 100,000 live births

## Perinatal/Infant Health

### State Action Plan Table (Florida) - Perinatal/Infant Health - Entry 1

#### Priority Need

Promote safe and healthy infant sleep behaviors and environments including improving support systems, and daily living conditions that make safe sleep practices challenging.

#### NPM

NPM 5 - Percent of infants placed to sleep on their backs

#### Objectives

1. Conduct a survey of pediatricians and family practice physicians and hospitals to assess their safe sleep education to parents.
2. Conduct, participate in, or support a public awareness campaign on SUID prevention and infant safe sleep environments.

#### Strategies

1. Develop a questionnaire to be sent to pediatricians, family practice physicians and birthing hospitals in Florida.
2. Partner with the Ounce of Prevention on a public awareness campaign on the risks of bed sharing and promotion of breastfeeding.

#### NOMs

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

## State Action Plan Table (Florida) - Perinatal/Infant Health - Entry 2

### Priority Need

Promote breastfeeding to ensure better health for infants and children and reduce low food security.

### NPM

NPM 4 - A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months

### Objectives

1. Increase the number of Florida hospitals implementing Baby-Friendly policies and practices.
2. Establish a breastfeeding room at the state office.
3. Conduct, participate, or support a public awareness campaign on breastfeeding benefits and resources.
4. Designation of Breastfeeding Friendly Child Care Facilities.

### Strategies

- 1a. Develop a work plan to encourage hospitals to establish policies and protocols in support of breastfeeding and becoming a Baby-Friendly hospital.
- 1b. Ensure Healthy Start contracts include requirements and incentives to engage hospitals to become Baby-Friendly.
2. Develop a breastfeeding/pumping in the workplace department policy.
3. Partner with the Ounce of Prevention on a public awareness campaign to promote breastfeeding awareness.
4. Continue the promotion of child care facilities becoming breastfeeding friendly.

### NOMs

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

## Child Health

### State Action Plan Table (Florida) - Child Health - Entry 1

#### Priority Need

Promote activities to improve the health of children and adolescents and promote participation in extracurricular and/or out-of-school activities in a safe and healthy environment.

#### NPM

NPM 8 - Percent of children ages 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes per day

#### Objectives

1. Ensure that schools are screening students for hearing, vision, scoliosis and growth and development with BMI.
2. Increase by 10% the number of targeted health care providers that provide counseling or education related to achieving or maintaining a healthy weight for their patients.
3. Increase the number of school health personnel that are trained to identify students with mental health needs.
4. Section 402.3026, F.S establishes Full Service Schools to serve high-risk students in need of medical and social services.

#### Strategies

- 1a. Monitor and assess school screening rates to assure that the standard of 95% is met each year.
- 1b. Ensure students receiving abnormal results are referred for follow-up medical care.
- 1c. Assess whether schools are providing healthcare interventions and case management in areas of low –referral resources or healthcare provider shortage areas.
- 2a. Promote the use of evidenced-based clinical guidelines to assess overweight and obesity.
- 2b. Establish principles of safe and effective weight loss, based on evidenced base practice.
- 2c. Encourage schools in other areas of the state to adopt or incorporate the FSU School of Medicine-Immokalee Obesity Prevention Toolkit "HealthyMe" for rural adolescents.
- 3a. Offer Department school health nurses Department of Education (DOE) approved training on identifying children with underlying mental health concerns.
- 3b. Encourage Department school health staff to participate in local and state councils, committees and workgroups that address mental health issues.
- 3c. Provide training to Local School Health Advisory Councils to address the incidence of childhood obesity.
- 4a. School Health Program staff will conduct on-site monitoring, technical assistance and allocate funding for Full Service Schools.
- 4b. Full Service Schools will be designated in each county to address the needs of the medically underserved population.

#### NOMs

NOM 19 - Percent of children in excellent or very good health

NOM 20 - Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)

## Adolescent Health

### State Action Plan Table (Florida) - Adolescent Health - Entry 1

#### Priority Need

Promote activities to improve the health of children and adolescents and promote participation in extracurricular and/or out-of-school activities in a safe and healthy environment.

#### NPM

NPM 8 - Percent of children ages 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes per day

#### Objectives

#### Strategies

#### NOMs

NOM 19 - Percent of children in excellent or very good health

NOM 20 - Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)

## State Action Plan Table (Florida) - Adolescent Health - Entry 2

### Priority Need

Promote activities to improve the health of children and adolescents and promote participation in extracurricular and/or out-of-school activities in a safe and healthy environment.

### NPM

NPM 9 - Percent of adolescents, ages 12 through 17, who are bullied or who bully others

### Objectives

1. Decrease the number of adolescents who are bullied or who bully others.
2. Increase the percentage of youth making healthy and positive choices.
3. Increase the number of youth receiving positive youth development programs by 5 percent.

### Strategies

- 1a. Partner with community agencies and organizations with bullying initiatives.
- 1b. Coordinate with the DOE Safe Schools Program to help promote the anti-bullying and violence message.
2. Increase the number of youth with exposure to resources and hotlines relative to violence and bullying.
- 3a. Promote the use of evidence based curriculum.
- 3b. Ensure that youth are receiving STD/HIV information, sexual risk avoidance strategies.
- 3c. Provide information promoting positive youth development to encourage healthy behaviors and the reduction of risky behaviors.

### NOMs

NOM 16.1 - Adolescent mortality rate ages 10 through 19 per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19 per 100,000

## Children with Special Health Care Needs

### State Action Plan Table (Florida) - Children with Special Health Care Needs - Entry 1

#### Priority Need

Improve health care transition for adolescents and young adults with special health care needs to all aspects of adult life.

#### NPM

NPM 12 - Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care

#### Objectives

1. Increase the percentage of CMS Care Coordinators who receive transition-specific education and training annually.
2. Increase the percentage of providers and educators who receive information on how to access transition-specific education and training annually.
3. Increase the percentage of patients and families who receive transition-specific education and training annually.
4. Youth, families, and providers will have access to community-based resources necessary to facilitate and achieve successful health care transition.
5. Transition is recognized as a priority for the Department's Title V Program.

#### Strategies

1. CMSN Care Coordinators will receive transition education and training.
- 2a. Providers are equipped with resources and education related to transition services and incorporating transition education as part of the annual well-child checkup.
- 2b. Educators are provided with resources and education related to health care transition and incorporate health care self-management skills in Transition IEPs.
3. Youth with and without special health care needs and their families will receive transition-specific, age-appropriate education related to the following aspects of their lives:• Work• Health care• Self-determination and self-management ability (power of attorney/guardianship)• Secondary and post-secondary education
4. Transition support will be provided for youth, families, and providers.
5. CMS implements a transition program within the CMS organizational structure that includes specific programmatic outcomes related to quality improvement, measurable performance expectations, maintaining a transition registry and ensuring provider adequacy.

#### NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system

NOM 19 - Percent of children in excellent or very good health

## State Action Plan Table (Florida) - Children with Special Health Care Needs - Entry 2

### Priority Need

Increase access to medical homes and primary care for children with special health care needs.

### NPM

NPM 11 - Percent of children with and without special health care needs having a medical home

### Objectives

1. Increase the number of pediatric providers in the state who identify with a level of medical homeness, as outlined by one of the current models.
2. Increase the number of CSHCN in the state assigned to a provider who is practicing at a higher level of medical homeness.
3. Increase the number of CMS Managed Care Plan enrollees who are assigned to a CMS provider who is practicing at the highest level of medical homeness.
4. Increase the number of higher acuity CMS Managed Care Plan enrollees assigned to highest level medical home.

### Strategies

1. Convene a stakeholder group that will define levels of medical homeness and method(s) for assessing pediatric providers along that continuum.
2. CMS will partner with other leaders in the state to promote and improve CSHCN being assigned to primary care providers who achieve some level of medical homeness and provide support and education to pediatric providers in achieving higher levels of medical homeness from baseline.
- 3a. CMS will ensure that all CMS-credentialed primary care providers identify with some level of medical homeness.
- 3b. CMS to provide Care Coordination support to CMS-credentialed primary care providers who have CMS Managed Care Plan-enrolled children assigned to them as a standard resource to achieving a higher level of medical homeness. Care coordination includes but is not limited to:
  - Family needs assessment
  - Proactive care plan development
  - Facilitating care transitions
  - Education, support and coaching to families on disease-specific and general wellness topics
  - Coordination and tracking of referrals and test results
  - Use of health information technology to deliver and monitor care coordination and effectiveness of service delivery
- 3c. CMS will create an infrastructure to provide leadership in promoting and sustaining medical home for CYSHCN, including:
  - Improving access to pediatric providers who identify with some level of medical homeness.
  - Sustaining and improving those providers who wish to move to higher levels of medical homeness.
4. CMS to utilize acuity score as one criterion for promoting the assignment of children to practices at higher level of medical homeness.

### NOMs

- NOM 17.2 - Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system
- NOM 19 - Percent of children in excellent or very good health
- NOM 22.1 - Percent of children ages 19 through 35 months, who completed the combined 7-vaccine series (4:3:1:3\*:3:1:4)
- NOM 22.2 - Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza
- NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine
- NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine
- NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

## Cross-Cutting/Systems Building

### State Action Plan Table (Florida) - Cross-Cutting/Systems Building - Entry 1

#### Priority Need

Promote tobacco cessation to reduce adverse birth outcomes and secondhand smoke exposure to children.

#### NPM

NPM 14 - A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes

#### Objectives

1. Increase patient awareness and knowledge of the negative effects of smoking during pregnancy through provider education and training.
2. Healthy Start Coalitions will incorporate evidence based smoking cessation programs into their curriculum and train Family Health Line staff on the SCRIPT program to increase referrals to Healthy Start and SCRIPT.
3. Increase public awareness surrounding the dangers of E-Cigarettes.
4. Increase the number of preconception women who quit smoking.
5. Increase awareness on the dangers of secondhand smoke.

#### Strategies

- 1a. Encourage providers to discuss the dangers of smoking while pregnant with their patients.
- 1b. Increase public awareness of the dangers of smoking while pregnant.
- 1c. Implementing the Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT) program for Healthy Start and other home visiting programs for pregnant women.
- 2a. Rewrite the Healthy Start Standards and Guidelines to clearly define SCRIPT as the approved, evidence-based intervention for smoking cessation services during pregnancy.
- 2b. Ensure each Healthy Start Coalition has at least one staff member trained and certified to deliver the SCRIPT program.
- 3a. Issue a press release from the Department addressing the dangers of E-Cigarettes.
- 3b. Ban the use of E-Cigarettes in local health departments.
- 3c. Create and disseminate materials on the dangers of E-Cigarettes.
- 4a. Increase the number of health care providers who address the dangers of smoking and tobacco use in the preconception visit.
- 4b. Develop/update trainings on preconception health to include information about the dangers of tobacco.
- 4c. Increase the number of healthcare providers who utilize preconception health screening tools and resources to identify smokers.
5. Implement a statewide public awareness campaign on the dangers of secondhand smoke on children and families.

## NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

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NOM 3 - Maternal mortality rate per 100,000 live births

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NOM 4.1 - Percent of low birth weight deliveries (<2,500 grams)

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NOM 4.2 - Percent of very low birth weight deliveries (<1,500 grams)

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NOM 4.3 - Percent of moderately low birth weight deliveries (1,500-2,499 grams)

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NOM 5.1 - Percent of preterm births (<37 weeks)

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NOM 5.2 - Percent of early preterm births (<34 weeks)

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NOM 5.3 - Percent of late preterm births (34-36 weeks)

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NOM 6 - Percent of early term births (37, 38 weeks)

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NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

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NOM 9.1 - Infant mortality rate per 1,000 live births

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NOM 9.2 - Neonatal mortality rate per 1,000 live births

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NOM 9.3 - Post neonatal mortality rate per 1,000 live births

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NOM 9.4 - Preterm-related mortality rate per 100,000 live births

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NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

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NOM 19 - Percent of children in excellent or very good health

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